

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	0
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	STABLE TABLET FORMULATION
Attorney Docket Number::	30610/40679A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Steven
Family Name::	Jungles
City of Residence::	Novato
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	1226 Cambridge Street
City of Mailing Address::	Novato
State or Province of Mailing Address::	CA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	94947

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Family Name:: Henderson  
City of Residence:: Larkspur  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 369 Elm Avenue  
City of Mailing Address:: Larkspur  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94939

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Victoria  
Family Name:: Sluzky  
City of Residence:: Corte Madera  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 72 Golden Hind Passage  
City of Mailing Address:: Corte Madera  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert

Family Name:: Baffi  
City of Residence:: Moraga  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 5 Lisa Lane  
City of Mailing Address:: Moraga  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94556

### **Correspondence Information**

Correspondence Customer Number:: 04743

### **Representative Information**

Representative Customer Number:: 04743

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2005/0412 52	11/16/2005
PCT/US2005/0412 52	An application claiming the benefit under 35 USC 119(e)	60/629,189	11/17/2004

### **Assignee Information**

Assignee name:: Biomarin Pharmaceutical, Inc.  
Street of mailing address:: 105 Digital Drive  
City of mailing address:: Novato  
State of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94949